



House Bill No. 6865

Public Act No. 05-270

AN ACT REDEFINING HEALTH INSURANCE UNDER HEALTH REINSURANCE ASSOCIATION PLANS.

Be it enacted by the Senate and House of Representatives in General Assembly convened:

Section 1. Subsection (a) of section 38a-551 of the general statutes is repealed and the following is substituted in lieu thereof (*Effective July 1, 2005*):

(a) "Health insurance" means hospital and medical expenses incurred policies written on a direct basis, nonprofit service plan contracts, health care center contracts and self-insured or self-funded employee health benefit plans. [The term "health insurance" for] For purposes of sections 38a-505, 38a-546 and 38a-551 to 38a-559, inclusive, [shall not include accident only policies, disability income policies or coverages which are subject to regulation under sections 38a-19, 38a-363 to 38a-388, inclusive, and 38a-663 to 38a-696, inclusive] "health insurance" does not include (1) accident only, credit, dental, vision, Medicare supplement, long-term care or disability insurance, hospital indemnity coverage, coverage issued as a supplement to liability insurance, insurance arising out of a workers' compensation or similar law, automobile medical-payments insurance, or insurance under which beneficiaries are payable without regard to fault and which is statutorily required to be contained in any liability insurance policy or

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equivalent self-insurance, or (2) policies of specified disease or limited benefit health insurance, provided: (A) The carrier offering such policies files on or before March first of each year a certification with the commissioner that contains the following: (i) A statement from the carrier certifying that such policies are being offered and marketed as supplemental health insurance and not as a substitute for hospital or medical expense insurance; and (ii) a summary description of each such policy including the average annual premium rates, or range of premium rates in cases where premiums vary by age, gender or other factors, charged for such policy in the state; and (B) for each such policy that is offered for the first time in this state on or after July 1, 2005, the carrier files with the commissioner the information and statement required in subparagraph (A) of this subdivision at least thirty days prior to the date such policy is issued or delivered in this state.

Approved July 13, 2005